MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04061

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Bush River section

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Louis (Last) Adams
4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1953

5. SEX Male Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 24-1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief inspector
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army. C. center
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME J. R. M. Adams
14. MOTHER'S MAIDEN NAME Alice H. Bonnett.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs. Gertrude K. Adams - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Coronary Thrombosis	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c) Arteriosclerotic Cardio Vascular Disease	6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/, 1953, to 4/27, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley MD (Degree or title) ADDRESS 400 S. Union Ave Havre de Grace Md DATE SIGNED 4/29/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/30/53
NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
LOCATION (City, town, or county) (State) Baltimore Maryland.

DATE REC'D BY LOCAL REG. April 29-53
REGISTRAR'S SIGNATURE Nellie L. Perry
24. FUNERAL DIRECTOR Henry Tarring and Sons, Aberdeen Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04062 80

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmorton Rural — LENGTH OF STAY (in this place) 13 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmorton Md Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) J (Middle) Glasgow (Last) Archer Sr

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: May 30-1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Post Master

11. BIRTHPLACE (State or foreign country): Churchville Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: R Harris Archer

14. MOTHER'S MAIDEN NAME: Elizabeth M Lee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: Mrs J Glasgow Archer Bel Air, RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute pulmonary edema — Interval Between Onset And Death: 3 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease — 2 Years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 47, to 11 apr, 19 53, that I last saw the deceased alive on 11 apr, 19 53, and that death occurred at 8 05 PM, from the causes and on the date stated above.

SIGNATURE H P Sidwell (Degree or title) M.D. ADDRESS Bel Air. Md DATE SIGNED 13 apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 14/53 — NAME OF CEMETERY OR CREMATORY Churchville Presbyterian — LOCATION (City, town, or county) (State) Churchville Harford Md

DATE REC'D BY LOCAL REGISTRAR 9/13/53 — REGISTRAR'S SIGNATURE ~~Priscilla Forwood~~ Marie Mouldsdale-cmc

24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04063

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHITEFORD
LENGTH OF STAY (in this place) 48 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHITEFORD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VERMA (Middle) CORRINE (Last) ATKIN

4. DATE OF DEATH: (Month) APR. (Day) 29, (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY 20, 1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WHITEFORD, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HORATIO S. BENNINGTON
14. MOTHER'S MAIDEN NAME: ANNA McCLEARY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss June Atkin, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Adenocarcinoma of the ovary — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1952, to April 28, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 7 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Neff MD
ADDRESS Street, Md
DATE SIGNED 4-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-2-53
NAME OF CEMETERY OR CREMATORY SLATE RIDGE
LOCATION (City, town, or county) (State) DELTA, PA.

DATE REC'D BY LOCAL REGISTRAR 4-30-53
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR John H. Harkins
ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04064

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY DOA Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Harford Memrl Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) A (Last) Bailey
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 1929
9. AGE last birthday: 23 yrs. If under 1 year: Months 9 Days | If under 24 hours: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: J. H. Anderson
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Willard B. Bailey
14. MOTHER'S MAIDEN NAME: Ruth Riley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. Mar. 51-Mar 53
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Willard Bailey Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Fracture cervical vertebra —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Rt 5 Route 1 | (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) April (Day) 25 (Year) 53 (Hour) 5 A M | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident, auto object type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Lenard C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 4/25/53

BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 28 1953 | NAME OF CEMETERY OR CREMATORY Centre | LOCATION (City, town, or county) (State) Forest Hill Harford Md

DATE REC'D BY LOCAL REG. Apr. 25. 1953 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR Charles C. Kurtz | ADDRESS Forest Hill Md

VS. A15A

RECEIVED
APR 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04065

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 85

1. PLACE OF DEATH: COUNTY DOA Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Harford Memorial (Hosp)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Palmer — (Last) Bailey
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Single	May 25 1935	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Joppa Harford Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willard B Bailey
14. MOTHER'S MAIDEN NAME: Ruth Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Willard Bailey Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X **Immediate cause** (a) Fracture skull —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): MC Route 1 — (CITY OR TOWN): Bel Air — (COUNTY): Harford — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): April 25 1953 5 A M
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Motor accident auto edged tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Jerod C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 5/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 28 1953 — NAME OF CEMETERY OR CREMATORY: Centre — LOCATION (City, town, or county): Forest Hill — (State): Md

DATE REC'D BY LOCAL REG.: Apr. 25-1953 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Charles E. Kurtz — ADDRESS: Jarrettsville Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A151

RECEIVED
APR 28 1953
BUREAU V. S.

01066

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 V

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
LENGTH OF STAY (in this place) 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Linda Lee (Last) Bare

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: FEM Fem.

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 9, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvis H. Bare

14. MOTHER'S MAIDEN NAME: Rachel Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Rachel Bare, Jarrettsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Unknown DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on April 9, 1953 to , 19 , that I last saw the deceased alive on April 9 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) M.D. ADDRESS Forest Hill, Md DATE SIGNED 4-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr. 10, 1953 NAME OF CEMETERY OR CREMATORY Sharon Baptist LOCATION (City, town, or county) Forest Hill, Harford Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 4/9/53 REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR Martin D. Kurtz, Jarrettsville Md. ADDRESS

2043253260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]067

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: HARFORD — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: WHITEFORD

LENGTH OF STAY (at this place): 90 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: HARFORD

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WHITEFORD

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) CASSANDRA (Last) BEALE

4. DATE OF DEATH: (Month) 4 - (Day) 4 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Oct. 27, 1860

9. AGE last birthday: 93 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): YORK Co. PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL WEAVER

14. MOTHER'S MAIDEN NAME: SALLIE DECKMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. J. C. Jones, Cardiff, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Myocardial Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c) Art. Sclerotic C-V Disease

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 40, to April 4, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 4.30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Jonah A. Hunt MD — ADDRESS: Delta Pa — DATE SIGNED: 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 4-6-53 — NAME OF CEMETERY OR CREMATORY: TABERNACLE — LOCATION (City, or county) (State): WHITEFORD MD.

DATE REC'D BY LOCAL REGISTRAR: 4/6/53 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: John H. Hoskins, Delta Pa. — ADDRESS

VS. A15

RECEIVED
APR 9 1953
BUREAU V. S.

04068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 hr. 15 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 553 Green

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) T. (Last) BORRELL

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 2/6/1881
9. AGE last birthday 72 yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Wilmington, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jerome Morell
14. MOTHER'S MAIDEN NAME Annie Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Margaret L. Morell, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4[illegible].1 Immediate cause	(a) Acute Coronary Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1953 to 4-22, 1953 that I last saw the deceased alive on April 22 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE Frank D. Hauber (Degree or title) M. D. ADDRESS Harford Memorial Hospital DATE SIGNED 4-22-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/25/53
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Apr. 24 1953
REGISTRAR'S SIGNATURE C. L. Lewis M.D.
24. FUNERAL DIRECTOR Wilmington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

APR 27 1953
BUREAU U. S.

Item 18 Film G153 4-20-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; LENGTH OF STAY (in this place): 4 Hrs 47 Min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen; STREET ADDRESS (If rural, give location): 313 S. Augusta St.

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) Brown

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 4, 1953

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 4; Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Duane Brown -

14. MOTHER'S MAIDEN NAME: Theresa Phelps -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): N

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Duane Brown -, Aberdeen.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 Immediate cause (a) Prematurity - 6½ months — Interval Between Onset and Death: 4 Hrs 47 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Placenta Praevia, went into active labor with hemorrhage.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4 4:45 A.M., 1953, to April 4, 9:20 P.M., 1953, that I last saw the deceased alive on April 4, 1953 and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE: Daniel D. Dolan (Degree or title) M.D. ADDRESS: Home & Grace, Md. DATE SIGNED: 4/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4/4/1953 | NAME OF CEMETERY OR CREMATORY: Mt. Erin | LOCATION (City, town, or county) (State): Havre de Grace, Harford, Md.

DATE REC'D BY LOCAL REG. Apr. 4-53 | REGISTRAR'S SIGNATURE: G. L. Lewis M. D. | 24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, Havre de Grace, Md.

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MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jeanie (Middle) Lee (Last) Coulter

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-22-53

9. AGE last birthday yrs. | If under 1 year: Months | Days 3 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Coulter

14. MOTHER'S MAIDEN NAME: Eleanor C. Wheat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis of Lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1953, to 4-25, 1953, that I last saw the deceased alive on 4-25, 1953 and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Port Deposit Md 4-26-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/27/53

NAME OF CEMETERY OR CREMATORY Westnottingham Cemetery

LOCATION (City, town, or county) (State) Colora Md

DATE REC'D BY LOCAL REG. Apr. 25-1953

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS Ralph M. Reed Rising Sun, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air — LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Virginia (Last) Cowins
4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953
5. SEX: Fe
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Sept 20-1863
9. AGE last birthday: 89 yrs. — If under Months: — I year Days: — If under 24 hrs. Hours: — Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Jersey City New Jersey
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Andrew Miller
14. MOTHER'S MAIDEN NAME: Mary Swaim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Mrs Ellis J Robinson Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized arteriosclerosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Disease — 6 months

(c) Cerebral Thrombosis — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1952, to April 22, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 12 N m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson Jr. (Degree or title) M.D. — ADDRESS: Bel Air Md — DATE SIGNED: 4/22/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/25/53 — NAME OF CEMETERY OR CREMATORY: Rahway Cem. — LOCATION (City, town, or county) (State): Rahway New Jersey

DATE REC'D BY LOCAL REG.: 4/22/53 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: Joseph T Foster Bel Air Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04072

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: Army Chemical Center
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center
LENGTH OF STAY (in this place) - -
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Army Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewood Heights
STREET ADDRESS (If rural give location) 31 Fern Street

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) MARIE (Last) DAVIS

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): - - -

8. DATE OF BIRTH: 7 October 1952

9. AGE last birthday: - - yrs. IF UNDER 1 YEAR: Months 6 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Ft Eustis, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sgt Pearlie Warren Davis

14. MOTHER'S MAIDEN NAME: Bertha Marie Elliott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Father, Army Chemical Center, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

7544

Immediate cause (a) Asphyxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Possible congenital heart failure

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) (COUNTY) (STATE) - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that [illegible] deceased from [illegible] and that death occurred at 1:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

ROBERT J. WILLIAMSON Captain, MC, US Army Dispensary, Army Cml Ctr, Md 13Apr53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr.15,1953

NAME OF CEMETERY OR CREMATORY Post Cemetery

LOCATION (City, town, or county) (State) Army Chemical Center Md

DATE REC'D BY LOCAL REGISTRAR Apr 15 1953

REGISTRAR'S SIGNATURE Mame M Mondedale

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son Abingdon Md.

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APR 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01073

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Wharton (Last) Fuller
4. DATE OF DEATH: (Month) Apr. (Day) 25, (Year) 1953.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 23, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Vocational Agriculture
11. BIRTHPLACE (State or foreign country): Newton Hamilton, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Irvin Fuller
14. MOTHER'S MAIDEN NAME: Elizabeth Caldwell Wharton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Virginia Kurtz Fuller, Jarrettsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Toxemia, Generalized, Liver — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma, Large Bowel — 6 months

DUE TO

(c) Liver, Metastases — 4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Peritoneal Metastases

19a. DATE OF OPERATION: Dec 26, 53
19b. MAJOR FINDINGS OF OPERATION Advanced Carcinoma Large Bowel - Rt Side - c peritoneal metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1952 to April 25, 1953 that I last saw the deceased alive on April 25, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Thomson Jr. MD. ADDRESS Jarrettsville Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 28, 1953
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) (State) Madonna, Harford Co. Md.
DATE REC'D BY LOCAL REGISTRAR 4/27/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01074

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
LENGTH OF STAY (in this place) 83 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) JONES (Last) GAILEY

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 14 1870

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months 2 Days 13
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: FARMER - OWNER

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES HARVEY GAILEY

14. MOTHER'S MAIDEN NAME: ELIZABETH JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: LAVINIA W. GAILEY JARRETTSVILLE Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Coronary Thrombosis	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic - Hypertensive Ht Dis	20 years
	DUE TO (c) Coronary Sclerosis	20 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None.	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 29 1953, to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 4:55 PM, from the causes and on the date stated above.

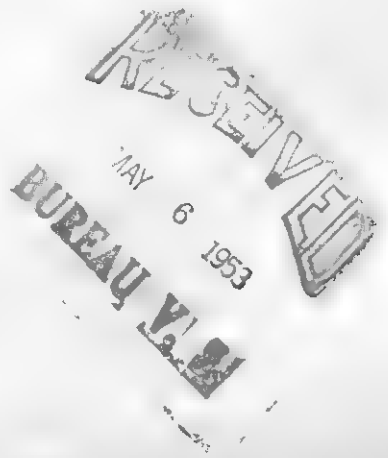
SIGNATURE (Degree or title) James Thomson Jr M.D. ADDRESS Jarrettsville, Md. DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 2, 1953
NAME OF CEMETERY OR CREMATORY BETHEL
LOCATION (City, town, or county) MADONNA (State) Harford Md

DATE REC'D BY LOCAL REGISTRAR 5/1/53
REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR Decarton & Kurtz ADDRESS Jarrettsville Md

VS. A15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MAY 6 1953
BUREAU VI

Item 9 FilmG153 4/24/53 wlw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 628 N. Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 628 N. Adams Street.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Emma (Last) Gallion
4. DATE OF DEATH: (Month) April (Day) 17th (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Oct. 11 - 1863
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House worker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Gallion
14. MOTHER'S MAIDEN NAME: Julia Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Ruby Butler - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1940 to 4-17, 1953, that I last saw the deceased alive on 4-16, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis M.D. — ADDRESS Havre de Grace Md. — DATE SIGNED 4-17-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4/19/1953 | NAME OF CEMETERY OR CREMATORY Wesleyan Chapel cemetery | LOCATION (City, town, or county) (State) Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG. April 17-53 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR Henry Parrish and Sons. | ADDRESS Aberdeen, Maryland.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 21 1953
BUREAU V.

Item 9 FilmC153 5/5/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04076

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem'l. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point - Maryland
STREET ADDRESS (If rural, give location) 1136 Avenue B. Box 255 H.J.9.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) - (Last) Galloway
4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-23-1852
9. AGE last birthday: 69 Yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Beale
14. MOTHER'S MAIDEN NAME: Hannah Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: Brother - Albert E. [illegible] (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease & Cardiac decompensation	2 weeks
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1953, to 4-21, 1953, that I last saw the deceased alive on 4-21, 1953, and that death occurred at 6 38 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Hauber	M.D.	Harford Memorial Hospital	4-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/24/53	Concord Burial	[illegible] Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 24-1953	C. L. Lewis M.D.	[illegible]	[illegible]

RECEIVED
APR 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12777 781

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE OHIO COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toledo
STREET ADDRESS (If rural give location) 4339 Belmar

3. NAME OF DECEASED: (Type or Print) (First) Terry (Middle) O (Last) Gettings
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 29, 1930
9. AGE last birthday: 22 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Calvin otho Gettings
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Sept 11, 1952 to Date
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Military Personnel, APG, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

919.8
Immediate cause (a) Pulmonary infarcts, right lung — 3 min.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Embolism — unknown
DUE TO
(c) Gun-shot wound, thoraco-abdominal, left — 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 April 1953
19b. MAJOR FINDINGS OF OPERATION: lacerated diaphragm, stomach, spleen, lung, left.
20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) APG, MD.
(CITY OR TOWN) ABERDEEN, (COUNTY) HARFORD, (STATE) MD.
TIME OF INJURY (Month) APRIL (Day) 6 (Year) 1953 (Hour) 03:30 p.m.
INJURY OCCURED While at Work X Not While At Work ☐
HOW DID INJURY OCCUR? Accidental Gun-shot Wound

22. I hereby certify that I attended the deceased from 6 APR., 19 53, to 13 APR., 19 53, that I last saw the deceased alive on 13 APR., 1953, and that death occurred at 11:03 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry Rosado, Major MC USArmy Hospital APG Md. APRIL 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/14/53
NAME OF CEMETERY OR CREMATORY Toledo Cemetery
LOCATION (City, town, or county) (State) Toledo, Ohio.
DATE REC'D BY LOCAL REGISTRAR April 14 53
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Farring & Sons
ADDRESS aberdeen. Maryland.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1078

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Few Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Office of A. L. Lewis

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) Dukes Trailor Camp

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) G. (Last) Gilso
4. DATE OF DEATH (Month) April (Day) 14 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 19, 1900
9. AGE last birthday 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U S Navy, Retired
10b. KIND OF BUSINESS OR INDUSTRY B T C
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Gilso
14. MOTHER'S MAIDEN NAME Martha Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1st & 2nd World
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Edward Gilso, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 4/14/53

SPECIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-17-1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. Apr 16-1953
REGISTRAR'S SIGNATURE A L Lewis M D
24. FUNERAL DIRECTOR Vic A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, R.D.
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Camp (Middle) B. (Last) Greenfield
4. DATE OF DEATH (Month) Apr. (Day) 26 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11/30/1894
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Harford Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Greenfield
14. MOTHER'S MAIDEN NAME Wilanna Black
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Bessie M. Greenfield, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4[illegible] Immediate cause	(a) Coronary Infarction	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerotic Heart Disease	9 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1946, to April 27 1953, that I last saw the deceased alive on 4/26, 1953, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harford F. Hudson MD. ADDRESS Park Md. DATE SIGNED 4/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/29/1953
NAME OF CEMETERY OR CREMATORY Union Chapel.
LOCATION (City, town, or county) (State) Wilna, Harford, Md.

DATE REC'D BY LOCAL REG. 4/29/53
REGISTRAR'S SIGNATURE Marie M Mowledale
24. FUNERAL DIRECTOR Howard R. McCormas & Son ADDRESS Abingdon Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04080

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; LENGTH OF STAY (in this place) 3 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wise; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Zuelen (Middle) Elizabeth (Last) Hensley

4. DATE OF DEATH: (Month) Apr. (Day) 24, (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Mar 12, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months 1, Days 12, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Riley Nash

14. MOTHER'S MAIDEN NAME: Mat Stallard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bascom Hensley, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
MIX Immediate cause	(a) CANCER OF CERVIX UTERI	3 YRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1952, to April 22, 1953., that I last saw the deceased alive on April 22, 1953, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robt Barthel MD Forest Hill Md. 4/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Apr. 27, 1953

NAME OF CEMETERY OR CREMATORY: Berchfield

LOCATION (City, town, or county) (State): Berchfield, Va.

DATE REC'D BY LOCAL REG. 4/26/53

REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

APR 30 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04081

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whitefoord Rural
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whitefoord Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BERTHA LOUISE HUGHES

4. DATE OF DEATH: (Month) (Day) (Year) April 22 1953

5. SEX: F.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 6-1905
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Davis
14. MOTHER'S MAIDEN NAME: Anna Deaver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-22-5754
17. INFORMANT & ADDRESS: Anna B. Hughes, Whitefoord, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) DUE TO Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive C-V Disease

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1940, to April 22, 1953, that I last saw the deceased alive on April 22 1953, and that death occurred at 11:50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Josiah A. Hunt MD
ADDRESS Delta Pa
DATE SIGNED 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 26, 1953
NAME OF CEMETERY OR CREMATORY Dublin Cemetery
LOCATION (City, town, or county) Street, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4/24/53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A43

1

T

APR 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1952)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: HARFORD — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
   LENGTH OF STAY (in this place): 15 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MD. — COUNTY: HARFORD
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) GEORGE (Middle) DANFORTH (Last) KENYON

4. DATE OF DEATH: (Month) APR. (Day) 26, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 6 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): OWNER-OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: SEED CORN Co.

11. BIRTHPLACE (State or foreign country): WILLIAMSON, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MERRITT KENYON

14. MOTHER'S MAIDEN NAME: MARIAN DANFORTH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Elizabeth Kenyon, Cardiff, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic C-V Disease

DUE TO

(c)

(191X)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Basal cell Carcinoma Face

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... ,19 40, to April 26 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jonah A. Hurst M.D — ADDRESS: Delta Pa — DATE SIGNED: 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 28-4-53 — NAME OF CEMETERY OR CREMATORY: SLATE RIDGE — LOCATION (City, town, or county) (State): DELTA, PA.

DATE REC'D BY LOCAL REGISTRAR: 4/27/53 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS: John H. Hankins, Delta, Pa.

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04083

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skokie
STREET ADDRESS (If rural, give location) 8026 Lorel Ave

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) (Last) Krauss.
4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Dec. 11th 1876
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Herbert Barbarian, Capt. USA. Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1
Immediate cause (a) Coronary Thrombosis sec. to
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1953, to 4-1, 1953, that I last saw the deceased alive on 4-1-53, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. P. Vicente, M.D. Harford Memo. Hosp. 4-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 4/2/53 | NAME OF CEMETERY OR CREMATORY: Skokia cemetery | LOCATION (City, town, or county) (State): Skokia, Cook Co. Illinois

DATE REC'D BY LOCAL REG. 4-2-53 | REGISTRAR'S SIGNATURE: L. Lewis M.D. | 24. FUNERAL DIRECTOR: Henry Farring and Sons. | ADDRESS: Aberdeen Maryland.

RECEIVED
APR 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully and correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B-5-3 Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) B-5-3 Lincoln Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Lewis
4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/14/1952
9. AGE last birthday — yrs. If under 1 year: Months 4 Days 3 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Lewis
14. MOTHER'S MAIDEN NAME Marlena E. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — — —
17. INFORMANT AND ADDRESS Opl. Geo. W. Lewis Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
491 X
Immediate cause (a) Bronchopneumonia
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy —, Inspection X, Inquiry — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident —, suicide —, homicide —, undetermined —.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gerald C. Palmer M.D. Deputy Medical Examiner Harford Co. Baltimore Md. 4/17/53

BURIAL, CREMATION OR REMOVAL (Specify) Removal — DATE THEREOF 4/18/53 — NAME OF CEMETERY OR CREMATORY Roanoke Rapids — LOCATION (City, town, or county) Roanoke Rapids, N.C. — (State)

DATE RCVD BY LOCAL REG. April 18-53 — REGISTRAR'S SIGNATURE Nellie F. Terry — 21. FUNERAL DIRECTOR — ADDRESS Henry Varney and Sons. Aberdeen. Md.

20V219342

RECEIVED
APR 21 1953
BUREAU V. A.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air RD2 Rural — LENGTH OF STAY (in this place) 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air RD2 Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LAFAYETTE (Middle) (Last) MONK		4. DATE OF DEATH (Month) APR (Day) 5 (Year) 1953	
5. SEX M	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married	8. DATE OF BIRTH April 5-1896
9. AGE last birthday 56 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Employed ✓	11. BIRTHPLACE (State or foreign country) Lebanon Va	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Abraham Monk		14. MOTHER'S MAIDEN NAME Lilly Blankinship	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-16-0319A	17. INFORMANT AND ADDRESS Mrs Josie Monk Bel Air, Md RD2	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Cerebral Vascular Accident	16 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	4 RS
	(c) Congestive Heart Failure	4 MOS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.10, 1953, to 4-5, 1953, that I last saw the deceased alive on 4-5, 1953, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James W Dodd MD		Aberdeen Md	4-6-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 8/53	Mountain Christian	Joppa	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/53	Priscilla Sarwood	Joseph T Foster Bel Air Md	

APR 13 1

14056

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor
STREET ADDRESS (If rural, give location) Monkton R.D. Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles Edwin Patterson
4. DATE OF DEATH (Month) (Day) (Year) April 6 1953

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH May 18, 1887
9. AGE last birthday 65 yrs. If under 1 year Months 10 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Taylor, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Thomas Patterson
14. MOTHER'S MAIDEN NAME Mary M. Tolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Gas. Walter, Patterson, Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide X, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air, Md 4/6/53

FINAL CREMATION (Specify) Burial
DATE THEREOF Apr. 8, 1953
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) (State) Monkton, Balto Co. Md

DATE REC'D BY LOCAL REG 4/7/53
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR ADDRESS Martin G. Kurtz, Jarrettsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 10

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WHITE HALL
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print) (First) LYSANDER (Middle) HENRY (Last) Pigg
4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, ~~(Specify)~~
8. DATE OF BIRTH 8-31-1890
9. AGE last birthday 62 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (State or foreign country) CHATHAM, Va.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Wm WARD PIGG
14. MOTHER'S MAIDEN NAME MARY SUE FLACKLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Teresha A. Pigg; White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Edgewood Md 4/17/53

MODE OF DISPOSAL: ~~CREMATION~~ ~~REMOVAL (Specify)~~
DATE THEREOF 4-21-53
NAME OF CEMETERY OR ~~CREMATORY~~ AYRES CHAPEL CHURCH
LOCATION (City, town, or county) NORRISVILLE HARFORD Co. (State) Md.

DATE REC'D BY LOCAL REG. 4/19/53
REGISTRAR'S SIGNATURE Priscilla Forward
24. FUNERAL DIRECTOR Kenneth W Pishman, Stewartstown Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

M

1. PLACE OF DEATH:
COUNTY HARTFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ABERDEEN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARTFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEL AIRE
STREET ADDRESS (If rural give location) ROCK SPRING AVENUE

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) POTEET

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: JAMES HOWARD POTEET
14. MOTHER'S MAIDEN NAME: MARY CATHERINE ROACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ——
17. INFORMANT & ADDRESS: John Howard Poteet Forest Hill, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

912.3

Immediate cause (a) MASSIVE INTRACRANIAL INJURY — Interval Between Onset And Death: 8 ½ Hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) SKULL FRACTURE DUE TO FALL FROM LADDER

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Bldg. 4024 (CITY OR TOWN) Aberdeen Proving Ground (COUNTY) (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) April 20 1953 5:50p.m.
INJURY OCCURED While at Work ☒ Not While At Work ☐
HOW DID INJURY OCCUR? Fell from ladder

22. I hereby certify that I attended the deceased from April 20, 1953, to April 20, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Harold Mosbrey (Degree or title) M D Capt U S Army Med Corps ADDRESS Aberdeen Proving Ground, Md. DATE SIGNED April 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 4-23-53
NAME OF CEMETERY OR CREMATORY HIGHLAND
LOCATION (City, town, or county) STREET, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4/21/53
REGISTRAR'S SIGNATURE Nellie L Perry
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

VS. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 27 1953
BUREAU, U. S.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04089

CERTIFICATE OF DEATH

Reg. Dist. No. 1-5

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (In this place): D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 510 Carlton

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henry Price

4. DATE OF DEATH (Month) (Day) (Year): 4 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1/10/1912
9. AGE last birthday: 41 yrs. — If under 1 year: Months 3 Days 17 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Havre de Grace
11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Price
14. MOTHER'S MAIDEN NAME: Sally Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs. Norman Price, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis sec. to Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1953, to 4-28, 1953, that I last saw the deceased alive on 4-28, 1953, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE: J. P. Vicente, MD (Degree or title) — ADDRESS: Harford Memo Hosp — DATE SIGNED: 4-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/1/1953 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: May 1-53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Havre de Grace, Md.

RECEIVED
MAY 4 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]1090

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - STREET
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BELAIR
STREET ADDRESS (If rural give location): 418 CHOICE ST.

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) RIGDON (Last) REDDING

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JUNE 13, 1894

9. AGE Last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARFORD Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM B. RIGDON

14. MOTHER'S MAIDEN NAME: CLARA RIGDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Andrew T. Cummings, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332x

Immediate cause (a) Cerebral thrombosis. — 5 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive encephalopathy. — 6 years

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1949, to March 4, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Bailey M.D. — ADDRESS Forest Hill, Maryland — DATE SIGNED 4-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 4-8-53 — NAME OF CEMETERY OR ~~CREMATORY~~ EMORY — LOCATION (City, town, or county) (State) STREET, MD.

DATE REC'D BY LOCAL REGISTRAR 4/9/63 — REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR John H. Harkins — ADDRESS Delta, Pa.

3

RECEIVED
APR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04091

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY HARTFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARTFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ABERDEEN
STREET ADDRESS (If rural give location) D-12-2 Baldwin Manor

3. NAME OF DECEASED: (Type or Print) (First) JEAN (Middle) ANN (Last) RISSMILLER
4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Caucasion
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 18 April 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 1 Min. 47
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: FREDERICK J. RISSMILLER
14. MOTHER'S MAIDEN NAME: GRACE MICKOOL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Personnel Records A.P.G. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776x Immediate cause (a) Prematurity — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 23 hrs 1953, to 13 10 hrs 1953, that I last saw the deceased alive on 18 Apr., 1953, and that death occurred at 1310 hrs., from the causes and on the date stated above.
SIGNATURE Milton Gordon, M.D. (Capt.) (Degree or title) ADDRESS 2151-1 USAH DATE SIGNED 18 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/22/53 | NAME OF CEMETERY OR CREMATORY Post Cemetery | LOCATION (City, town, or county) Aberdeen Maryland (State)
DATE REC'D BY LOCAL REGISTRAR April 22-53 | REGISTRAR'S SIGNATURE Nellie R. Perry | 24. FUNERAL DIRECTOR Henry Tarring & Sons | ADDRESS Aberdeen Md

2043231400

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2092

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1 PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville (rural)
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville (rural)
STREET ADDRESS (If rural give location) Rocks R.D. Md.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Osbourne (Last) Seward
4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 3 Days 6 IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Alice Davison
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-05-3543
17. INFORMANT & ADDRESS: Mrs. Charles Ilex, Rocks, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 wks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C.V. Disease — 2 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma maxillary — 4 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to April 24, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 2 30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Ilex MD. ADDRESS 5 Street, Md. DATE SIGNED April 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 27, 1953 — NAME OF CEMETERY OR CREMATORY Wm Watters Mem. — LOCATION (City, town, or county) (State) Cooptown, Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR 4/26/53 — REGISTRAR'S SIGNATURE Priscilla Fouwood

24. FUNERAL DIRECTOR ADDRESS Martin L. Kurtz, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

APR 30 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace Md — LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Md.
STREET ADDRESS (If rural, give location): Baltimore Park

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) P. (Last) Smith
4. DATE OF DEATH (Month) April (Day) 18 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-6-78
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - Blind
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Smith
14. MOTHER'S MAIDEN NAME: Carolyn Stansbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Millie Smith - (sister) Baltimore Park Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X Immediate cause (a) Papillary Cystadenocarcinoma of Ovary c̄ Metastases. — 4 months.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-24-53, 4-13-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Left Ovary c̄ Metastases + Abdominal Carcinomatosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1953, to 4-18, 1953, that I last saw the deceased alive on 4-18, 1953, and that death occurred at 4 25/A m., from the causes and on the date stated above.

SIGNATURE: Frank D. Haufer — (Degree or title): M. D. — ADDRESS: Harford Memorial Hospital — DATE SIGNED: 4-18-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/20/53 — NAME OF CEMETERY OR CREMATORY: Union M.E. Cemetery — LOCATION (City, town, or county) (State): Aberdeen Maryland
DATE REC'D BY LOCAL REG.: Apr. 20-53 — REGISTRAR'S SIGNATURE: U. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Henry Varring and Sons — ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
APR 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21091

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) Near Swan Creek

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Stansbury.

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 27-1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Stansbury

14. MOTHER'S MAIDEN NAME: Rebecca Warfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alexander Giles Aberdeen Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular disease with Pulmonary Edema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

422.1

Interval Between Onset And Death: 2 days

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1953, to 4/1, 1953, that I last saw the deceased alive on 3/31, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer MD — ADDRESS Bel Air Md. — DATE SIGNED April 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/4/53 — NAME OF CEMETERY OR CREMATORY Union M. E. — LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/2/53 — REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR Henry Fanning Home — ADDRESS Aberdeen Md

VS. A1E

APR 7 1953
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 1

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) one day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush Chapel Rd.	STREET ADDRESS (If rural, give location) 115 Cilton St.

3. NAME OF DECEASED (Type or Print) (First) Augustus (Middle) (Last) Tasco

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Widowed	Dec. 25 1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Trackman	Railroad	Perryman, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Eliza Tasco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	Mrs. Mary Hollingsworth, Perryman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Bel Air Md. 9/25/53

BURIAL, CREMATION OR MOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 29, 1953	Providence Cemetery	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25-53	Nellie R. Perry	Elmer E Bullock	Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
LENGTH OF STAY (in this place): 6 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Leona (Middle) S. (Last) TILLEY

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-18-1905

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): secretary

10b. KIND OF BUSINESS OR INDUSTRY: Finance Co.,

11. BIRTHPLACE (State or foreign country): Baltimore Md.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul S. Sherwood

14. MOTHER'S MAIDEN NAME: Clara R. Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-18-5339

17. INFORMANT & ADDRESS: Carroll A. Tilley, Bel Air, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 15 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) MALIGNANT HYPERTENSION — 3 yrs.?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1951, to April 4, 1953 that I last saw the deceased alive on Mar 20, 1953, and that death occurred at 8:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson M.D — ADDRESS Forest Hill Md — DATE SIGNED 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/6/1953 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Bel Air, Harford, Md.,

DATE REC'D BY LOCAL REGISTRAR: 4/6/53 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Howard K. McComas Son — ADDRESS: Abingdon Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt # 22 Bel Air - aberdeen Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural, give location) 47 Liberty Street.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E (Last) Vaught
4. DATE OF DEATH (Month) April (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 30-1911
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) self employed Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY Taxi cab
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME A. Lee Vaught
14. MOTHER'S MAIDEN NAME Ella Stamper Vaught.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-01-1604
17. INFORMANT AND ADDRESS Mrs Chas. E. Vaught - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Md Route 22 ~~Route 40~~ (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 4/3/53 (Day) (Year) 8 (Hour) P.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Autoaccident, auto auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md 4/4/53

[illegible] CREMATION (Specify) Burial
DATE THEREOF 4/7/53
NAME OF CEMETERY OR CREMATORY Bakers cemetery
LOCATION (City, town, or county) (State) aberdeen, maryland.

DATE REC'D BY LOCAL REG 4/5/53
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Henry Torring and Sons. ADDRESS aberdeen maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04098

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace Rural
STREET ADDRESS (If rural, give location) Havre De Grace

3. NAME OF DECEASED (Type or Print): (First) Aden (Middle) Clarence (Last) Waddell

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29 1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Fish Canning

11. BIRTHPLACE (State or foreign country): Bland Co. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Pierce Waddell

14. MOTHER'S MAIDEN NAME: Charity Watton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-14-1157

17. INFORMANT AND ADDRESS: Mrs Ina Waddell

18. MEDICAL CERTIFICATION: Havre De Grace Md R.D.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

#22.1

Immediate cause (a) Acute Pulmonary Odema — 3 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic C.V. Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Allergic Asthma. — 20 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1943, to April, 1953 that I last saw the deceased alive on April 19, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hurley M.D. (Degree or title) — ADDRESS Churchville Md — DATE SIGNED April 20

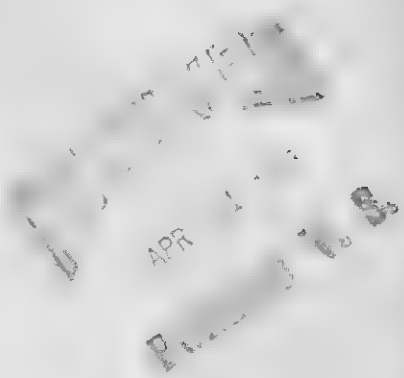
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 23, 1953 — NAME OF CEMETERY OR CREMATORY: Rock Run Cem — LOCATION (City, town, or county): Harford Co — (State): Md

DATE REC'D BY LOCAL REG.: April 24, 1953 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS: H. L. Bailey, Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



04099

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood — LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 150 A Hawthorne Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location): 150 A Hawthorne Drive.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Grady Wilber — 416
4. DATE OF DEATH (Month) (Day) (Year): April 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/9/1953
9. AGE last birthday: — yrs. — If under 1 year: Months 2, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas. Grady Wilber
14. MOTHER'S MAIDEN NAME: Clare O'Keefe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Jr. Chas G. Wilber, Edgewood Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — —

491x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 4/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/21/53 — NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery — LOCATION (City, town, or county) (State): Abingdon Maryland.

DATE REC'D BY LOCAL REG.: Apr 22 1953 — REGISTRAR'S SIGNATURE: Marie M Monledale — 24. FUNERAL DIRECTOR ADDRESS: Henry Varring and Sons Aberdeen Maryland.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 24 1953
BUREAU V. S.

Items 21&22 Film G154 5-13-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04100

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Route 40)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) A. (Last) Willich
4. DATE OF DEATH (Month) Apr. (Day) 29. (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/29/1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Aircraft
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME Carl Willich
14. MOTHER'S MAIDEN NAME Muriel Hitchings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-34-8660
17. INFORMANT AND ADDRESS Glenn L. Martin Co., Middle River, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1 Immediate cause (a) Asphixiation, carbon monoxide

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Alongside Route 40 (CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) April 29 1953 ? m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Apparently suicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Charles Richardson M.D. assistant deputy Medical examiner ADDRESS Balt. Air Md DATE SIGNED 4/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5/1/1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. May 1, 1953
REGISTRAR'S SIGNATURE Marie M. Moulsdale
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son ADDRESS Abingdon Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
MAY 4 1953
BUREAU V. S.